Signage & Wayfinding

ECEiv
Environment of Care – Europe
Design & Implementation Guide

Signage Concept

The signage solution for ECEiv is based upon a modular system of panels and frames which allow for application of a single system to a wide variety of needs. Text is applied to the panels as die-cut vinyl letters (or photo-reactive polymer where Braille and raised text is required), or inserted into the frames as printed paper.

The Modulex Interior 20 and Interior 20 Paper Flex systems were chosen as the ECE standard several years ago. The Modulex system is flexible, easy to use and easy to maintain. While there are many manufacturers which provide modular insertable sign systems, the Modulex system is based on a standard paper module (8-1/2" x 11") which makes it easy to use with standard copy paper. The lens is a simple acrylic sheet (not a molded insert) and is easy to replace should it become damaged. The metal carriage is very durable, and is not subject to stress or wear through repeated use.

Signage Specification

The Modulex Interior 20 specification information follows:

Modulex Interior 20 Permanent Panels	09 Grey
Modulex Interior 20 End Caps	57 Black
Modulex Interior 20 Paper Flex Frames	09 Grey
Modulex Interior 20 Paper Hinges	57 Black
Die cut vinyl text	White
Typestyle	Helvetica Medium
Braille	Grade 2

Signage Implementation

Under current accessibility guidelines (ADAAG – Americans with Disabilities Act Accessibility Guidelines, also known as “Standards for Accessible Design”), signs which designate permanent rooms and spaces must include tactile characters and Grade 2 Braille, and be mounted on the latch side of the door at a height of 152 cm (5’-0”) to the centerline. Directional and informational signage are not required to have tactile or Braille lettering, but must meet requirements for character sizing and proportions. Overhead signs must meet requirements for clearance, character sizing and proportions. Temporary signage such as the occupant’s name or “Oxygen in Use” need not comply.

The ADAAG was updated on February 23, 2004, and signage criteria has changed (significantly, in some cases). For the latest information on signage, the new requirements are located in Chapter 7 “Communication Elements and Features”, Section 703 of the ADAAG, and can be found at the ADAAG website (http://www.access-board.gov).

The DoD Military Handbook 1191 also has guidance on Wayfinding and Signage (see Section 21), which clearly indicates signage requirements for U.S. Military healthcare facilities. The MIL HNDBK 1191 outlines several different types of signage systems, and their respective criteria. More information can be found on the US Army Health Facility Planning Agency website at http://hfpa.otsg.amedd.army.mil.

Signage Diagrams

Following are illustrations of installed signage, showing recommended heights for room identification signage and overhead signs.

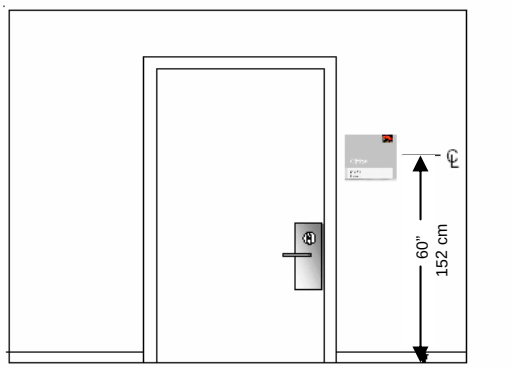


Fig. 1

Fig. 1 shows the recommended signage mounting height and location for room identification signage.

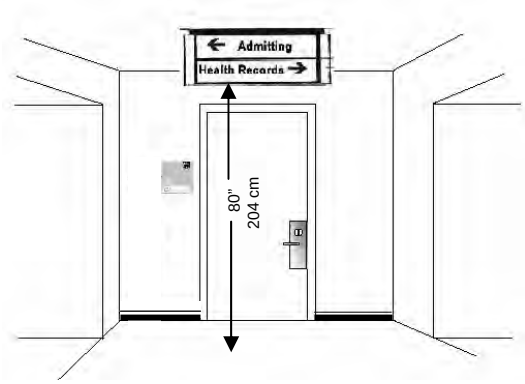


Fig. 2

Fig. 2 illustrates the minimum clearance allowed for overhead signage.

Examples of Main/Primary Directories:

Wall-mounted directory with orientation map

Informational and Interactive kiosks

Location: Immediately inside the main entry to large facilities

Size: Varies

Content: As above

Description: Wall mounted or free-standing kiosks; interactive kiosks to have electronic wayfinding device. Interactive kiosk programmed to deliver best route from point of presence to destination via screen and optionally via printout. Design and construction to be determined

Examples of Directional Signage:

Wall-mounted directional signs

Overhead directional sign

Location: Within large departmental or physical areas - floors, wings, departments, entry level stairs

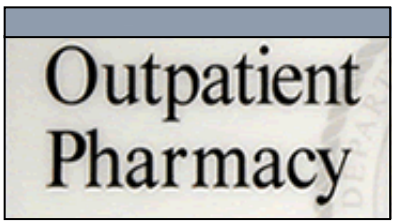
Size: Varies

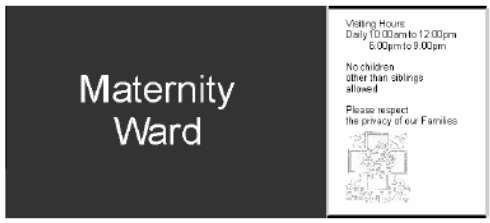
Content: Area name, floor/wing, directory listings (usually primary destinations) and directional arrows

Description: Header, with die-cut vinyl text on inserts listing directory listings and directional arrows; arrows are arranged by direction, and then departments are listed alphabetically under arrows. Ceiling mounted signs occur at major intersecting corridors and along long corridors.

Examples of Department Identification Signage:

Wall-mounted Department identification sign





Overhead Department identification sign

Location: At entry to major departmental areas

Size: Varies

Content: Department name & department information

Description: Name plaque with die-cut vinyl text; optional information frame.

Examples of Room Identification Signage:

Wall-mounted Room Identification signage

Location:	At entry to all rooms
Size:	5.5” x 5.5” (13.97x13.97), 5.5” x 11” (13.97x27.94) with optional information frame
Content:	Room number, room function (occupant’s name as required - temporary message only)
Description:	Information frame, holder, insert, header, raised room number (and other permanent information) with Grade 2 Braille applied to face of information frame; message strips or paper inserts to depict most room functions and/or occupant names

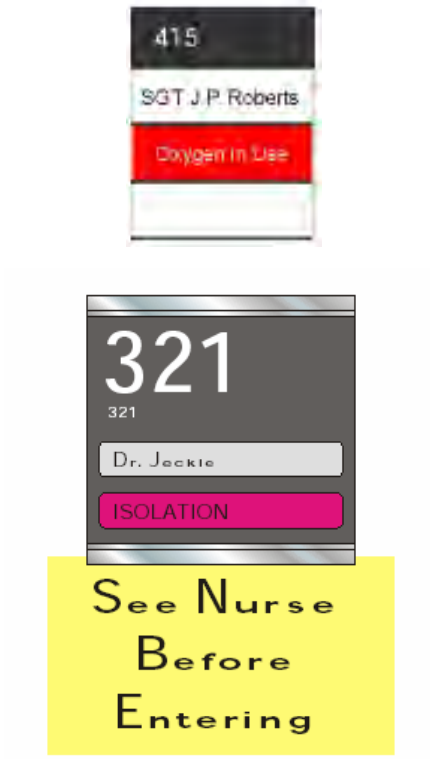
Examples of Regulatory Signage :

Wall-mounted Regulatory signage

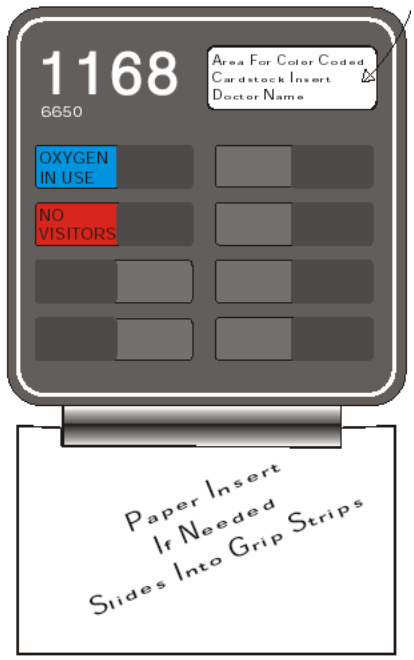
Location:	At entry to all rooms
Size:	5.5” x 5.5” (13.97x13.97), 5.5” x 11” (13.97x27.94) with optional information frame
Content:	Room number, room function (occupant’s name as required - temporary message only)
Description:	Information frame, holder, insert, header, raised room number (and other permanent information) with Grade 2 Braille applied to face of information frame; message strips or paper inserts to depict most room functions and/or occupant names

Examples of Patient Identification Signage:

Wall-mounted Patient Identification signage



Physician's Business Card



Location: At entry to all patient rooms

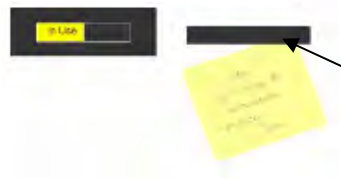
Size: 5.5" wide (13.97)

Content: Room number, room function (physician's name as required - temporary message only)

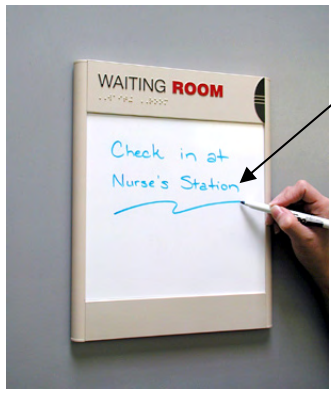
Description: Information frame, holder, inserts (some pre-printed), header, raised room number (and other permanent information) with Grade 2 Braille applied to face of information frame; message strips or paper inserts to depict medical information and/or physician names. Example shown above has note holder accessory.

Examples of Signage Accessories/Specialty Signage:

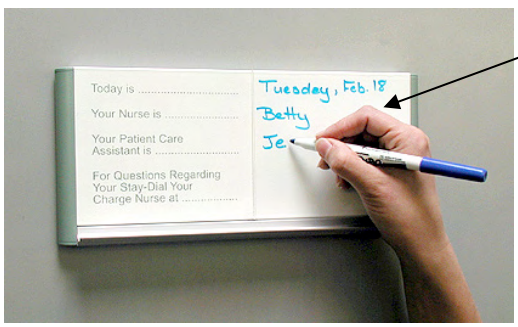
Signage Accessories and Specialty Signage



Note holder



Dry Erase board



Orientation signage

Location: Where required

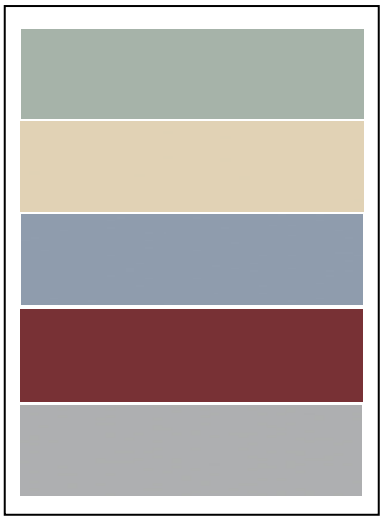
Size: Varies

Content: N/A

Description: Note holder, Dry erase board

Examples of Signage Accessories/Specialty Signage:

Signage Accessories (RAL color strip incorporation)



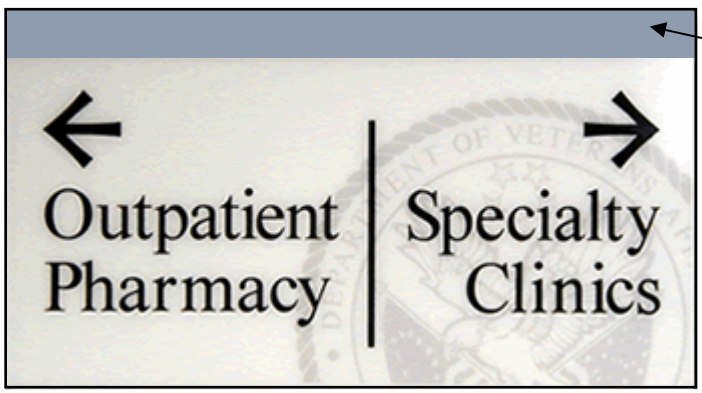
Green 180-70-10

Coral 060-80-20

Blue 240-60-15

Wine 020-50-20

Grey 260-50-05



RAL color strip used on signage

Location: Where required

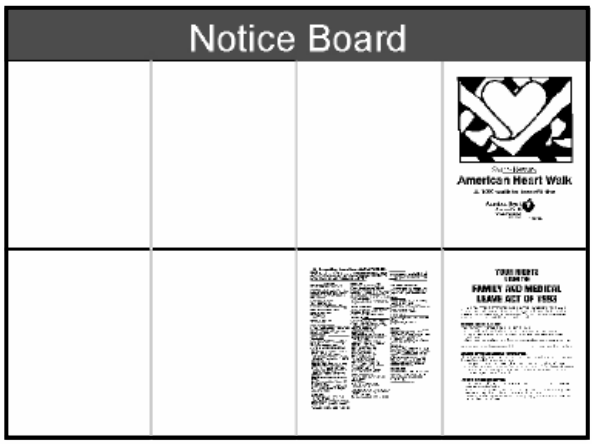
Size: Length to main signage module

Content: Color, as specified (only)

Description: Flash bar; used to color coordinate sign with interior color scheme for wayfinding. Particularly useful where finish update lags behind wayfinding implementation.

Examples of Notice Board Signage:

Wall-mounted Notice Board Signage



Location: Where required

Size: Varies

Content: Header, Information

Description: Header, with die-cut vinyl text, information frames, holders, pre-printed inserts (as required)

Examples of Identification/Safety Signage:

Wall-mounted Identification/Safety Signage

Location: Where required

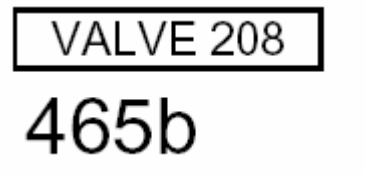
Size: Varies

Content: Information

Description: Header, information frames, holders, pre-printed inserts

Examples of Utility Signage:

Utility Signage (either plaque signs or coded labels)



Location: Where required

Size: Varies

Content: Information

Description: Plaque signs or coded labels, pre-printed

Wayfinding Concept

Wayfinding describes the process of decision making required of an individual to reach a destination. The individual must be aware of his spatial environment, and must make decisions concerning a plan of action, or path of travel from location to destination. Wayfinding requires the individual to constantly update and review his understanding of his progress, until the destination is reached.

Janet R. Carpman, Ph.D., a noted wayfinding consultant, sums up the process of wayfinding best; "*Wayfinding is behavior. It is not the same as signage. Wayfinding means knowing where you are, knowing your destination, following the best route to your destination, recognizing your destination when you arrive, and being able to reverse the whole process and finding your way back out.*"

Wayfinding involves the following:

- ✓ Spatial problem solving
- ✓ Navigating from Point "A" to Point "B" (and then back to Point "A" again)
- ✓ Information gathering - usually by visual cueing (color, texture, lighting, architectural elements, text and/or graphics)
- ✓ Paths, landmarks, nodes, edges, and districts (components of a wayfinding system)

  Paths are defined by the plan of the building - its corridors and crossings.

  Landmarks may be an integral part of the architecture or décor

  Nodes are the intersection of two or more paths

  Edges are the boundaries of a district

  Districts are architectural constructions, such as floors or departments
- ✓ Material finishes, which help define paths and districts

The Role of Signage in Wayfinding

Signage supplements and complements the built components of wayfinding. Signage in a facility:

- ✓ Serves as landmarks
- ✓ Reinforces paths
- ✓ Provides information at nodes
- ✓ Defines district edges

Components of Wayfinding

Our spatial comprehension of a facility is enhanced by its architecture, material finishes, and wayfinding signage. When possible, architectural embellishments can be provided in the facility to promote wayfinding. Although signage is the most universal element in wayfinding, other cueing devices involve artwork, lighting, color and texture.

Common Problems in Wayfinding

Lack of uniformity in signage, along with non-compliance to ADA, seems to be the consistent problem plaguing the U.S. Army facilities in Europe.

In the ECEiii Design & Implementation Guide, several references were made to the problems with the wayfinding signage used. And while material finishes and color-coding various floors of multi-level facilities, this only achieved limited results.

As stated in the ECEiii Design & Implementation Guide, all three hospitals are unique, yet they share common wayfinding signage problems. Some of the apparent concerns include:

- ✓ Insufficient indication of the main entry into the compound
- ✓ Inadequacy of orientation information at the entry to the compound
- ✓ No identification of the hospital building's main entrance(s)
- ✓ Lack of orientation information at entry to the building(s)
- ✓ Limited directional information
- ✓ Limited reinforcement of directional information
- ✓ Inadequacy of existing signage for task
- ✓ Lack of consistency in application
- ✓ Inconsistent appearance
- ✓ Inconsistent placement
- ✓ Non-conformance with regulations and requirements

A related issue, which adds to the confusion of the existing wayfinding system, is the practice of numbering the buildings on a compound. While the numbering does have some benefit for locating the building within the compound, it is better suited to identifying the buildings as inventory. Numbering the building does not aid wayfinding once inside the facility. The numbering system must not be confused with a wayfinding solution - although use of the numbers as building identifiers in certain applications is acceptable.

Common Solutions for Wayfinding

Applying common solutions to the problems addressed will not only ease wayfinding within the individual hospitals, but will also standardize elements that will ultimately help users who visit multiple hospitals.

Solutions that will ease the wayfinding problems:

- ✓ *The main entry of the building must be clearly identified.* The preferred solution to marking the exterior entry is architectural.
- ✓ *Orientation & directional information needs to be provided immediately inside each main entry.* This will be the first in a series of branching directional indicators. Kiosks and other freestanding informational displays are generally the most effective.
- ✓ *Clear identification of pathways and intersections needs to be present.* Directional signage is required - as a minimum - at all major intersections along a path. Other visual cues include highlighted landmarks and the use of material finishes to define districts.
- ✓ *Destinations must be clearly and consistently marked.* This solution incorporates standardized signage placed throughout the facility. Standardization is driven by regulation and utility, such as the Americans with Disabilities Act.

These solutions are general in nature and apply in different ways to all three hospitals, although each hospital complex has its own unique characteristics requiring unique solutions. Individual profiles of each hospital have been provided in ECEiii Design & Implementation Guide, and will not be included in this section. Please refer to the ECEiii Design & Implementation Guide for information on these facilities.

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